

Part A, Permit Process --- Internal Checklist

ID Number IAD073489288 Firm Name Norplex Div. WOP Inc

Refer to Form No:	PHASE ONE Interim Regulatory Requirements	Indicate by your initials:		Valid Prm'l Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Form 1 received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Form 3 received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1 & 3	Postmarked on or before November 19, 1980?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Date of operation entered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Date of operation on or before November 19, 1980?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Notif. record	Notifier?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
"	Notified on or before August 18, 1980?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Form 1, XIII B signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Form 3, IX B Signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here:

DEC 16 1980PHASE TWO

1	Unsure if regulated or non-regulated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	New facility?	<input type="checkbox"/>	<input type="checkbox"/>
1 & 3	Core items missing? If Yes, indicate which items: Facility name___; location___; mail address___; operator info___; certification___; process info___; waste info___; owner___; sigs___.		

PHASE THREE

1 & 3	Non-core items missing? If Yes, indicate which items: Maps___; photos___; drawings___; lat/long___. Other observations and comments:
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DATE SENT BACK _____

DATE RETURNED _____

R00330117
RCRA RECORDS CENTER

Received Date Stamp

NOV 18 1980

(Stamp forms also)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
P. O. BOX 15606
KANSAS CITY, MISSOURI - 64106

ACKNOWLEDGEMENT OF APPLICATION FOR A HAZARDOUS WASTE PERMIT

This is to acknowledge that the Environmental Protection Agency has received:
(1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown in the box below, and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

EPA I.D. NUMBER

IA0073489288
MORPLEX DIVISION
NE COUNTY RD
POSTVILLE

FACILITY ADDRESS

1

52162

FORM 1 GENERAL	 ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;"> F 1A 0073489288 </div>
II. POLLUTANT CHARACTERISTICS <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p> </div>		GENERAL INSTRUCTIONS <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	NORPLEX DIVISION UOP INC POSTVILLE IA
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 FENGER HAL PLANT MGR	319 864 7321

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
3 BOX 445			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 POSTVILLE		IA	52162

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 NORTHEAST COUNTY RD			
B. COUNTY NAME			
ALLAMAKEE			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
6 POSTVILLE		IA	52162
F. COUNTY CODE (if known)			

NOV 18 1980

CONTINUED FROM THE FRONT

SIC CODES (4-digit, in order of priority)

A. FIRST 3079 (specify) MISC PLASTIC PRODUCTS				B. SECOND			
C. THIRD				D. FOURTH			

II. OPERATOR INFORMATION

A. NAME UOP INC		B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) F - FEDERAL S - STATE P - PRIVATE M - PUBLIC (other than federal or state) O - OTHER (specify) P (specify)		D. PHONE (area code & no.) 312 391 2000
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E. STREET OR P.O. BOX EN UOP PLAZA	F. CITY OR TOWN DES PLAINES	G. STATE IL	H. ZIP CODE 60016
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IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) 6-03-75-1-01	D. PSD (Air Emissions from Proposed Sources) 9 P
B. UIC (Underground Injection of Fluids) 9	E. OTHER (specify)
C. RCRA (Hazardous Wastes) LA D 073489288	E. OTHER (specify) 73-A-100 (specify) DEQ Permit AIR EMISSION

MAP
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

NATURE OF BUSINESS (provide a brief description)

PLANT MANUFACTURES INDUSTRIAL THERMOSETTING PLASTIC LAMINATES

CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) A.K. SIMONS GROUP V.P. - UOP INC.	B. SIGNATURE <i>A.K. Simons</i>	C. DATE SIGNED 11-13-80
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REMARKS FOR OFFICIAL USE ONLY

CONTINUE ON REVERSE

II. PROCESSES (continued)

3. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
 POUNDS.....P
 TONS.....T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS.....K
 METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

SAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 10 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

ntinued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)

FOR OFFICIAL USE ONLY

AD0073489288

W DUP

2 DUP

V. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
				1. PROCESS CODES (enter)							
				27	28	29	30	31	32	33	34
1	4002	50	P	S01							
2	4031	50	P	S01							
3	4069	100	P	S01							
4	4154	500	P	S01							
5	4159	50	P	S01							
6	4220	500	P	S01							
7	D002	1000	P	S01							
8	F003	5000	P	S01	S02						
9	F005	125,000	P	S01	S02						
10	D001	8,000	P	S01							
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											

continued from the front.

V. DESCRIPTION OF HAZARDOUS WASTES (continued)

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

IAD073489288

VI. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VII. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VIII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

43 05 00 2

LONGITUDE (degrees, minutes, & seconds)

091 33 01 3

IX. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

X. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

A. R. STIMONS
Group V.P. - UOP INC.

B. SIGNATURE

A. R. Stimons

C. DATE SIGNED

11-13-80

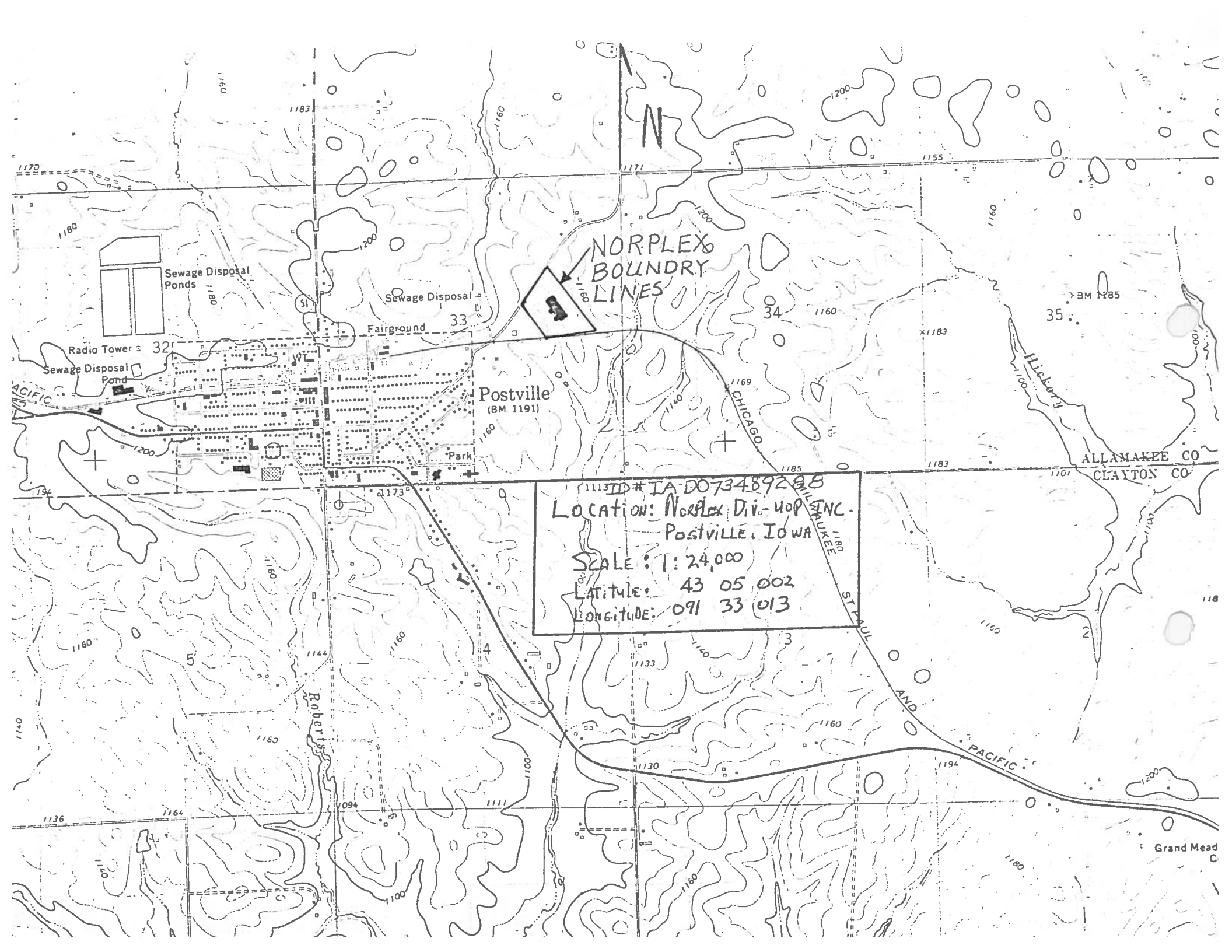
XI. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

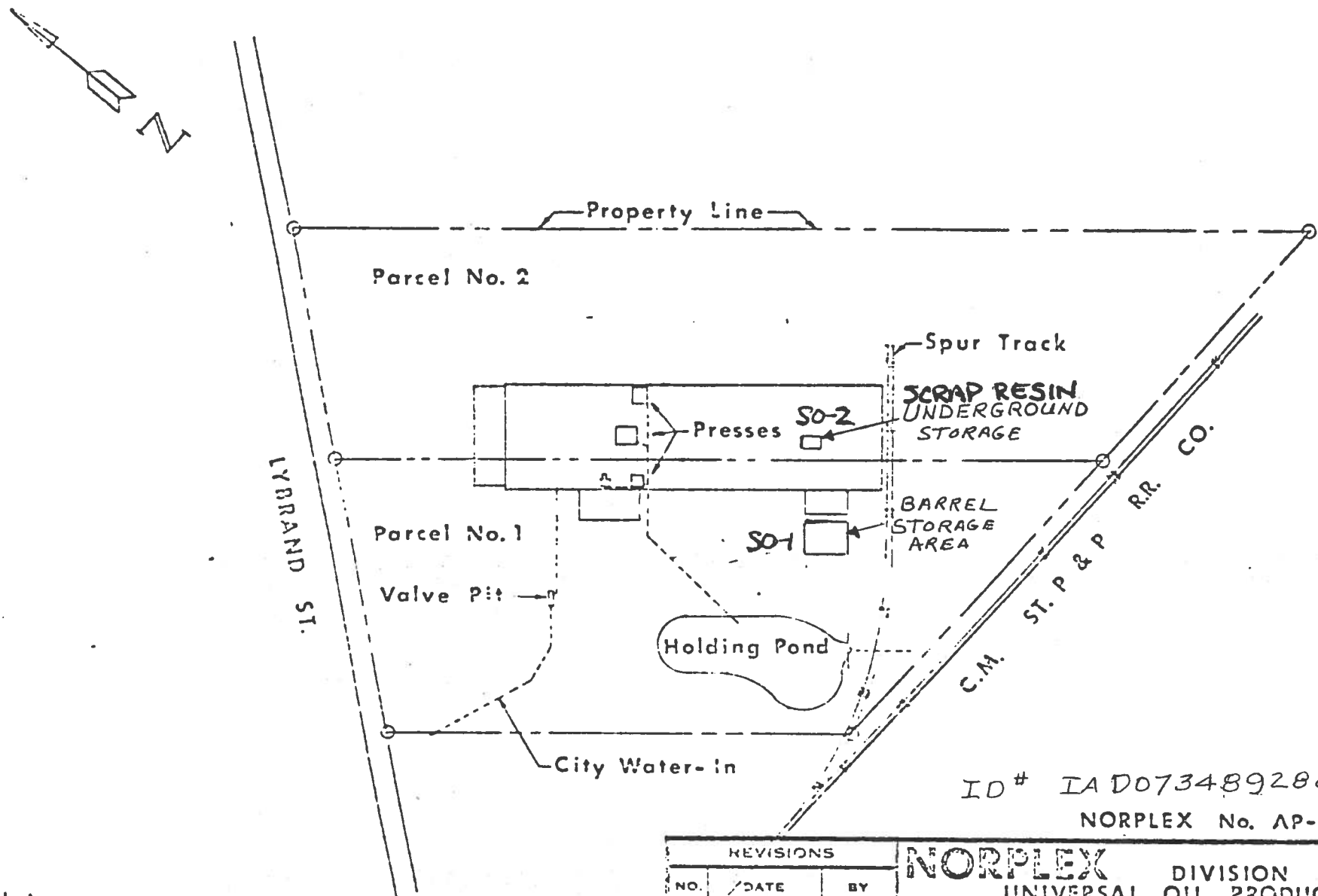
B. SIGNATURE

C. DATE SIGNED



NORPLEX
BOUNDARY
LINES

ID # IA D073489288
Location: Norplex Div. - UOP INC.
Postville, Iowa
Scale: 1:24,000
Latitude: 43 05 002
Longitude: 091 33 013



ID# IA D073489288

NORPLEX No. AP-00661-1

Note:

Parcels No. 1 & 2 Located In E $\frac{1}{2}$
 Sec. 33-96-6, ALAMAKEE COUNTY
 LONGITUDE - 91° 33' MIN 13 SEC
 LATITUDE - 43° 5' MIN 2 SEC

REVISIONS			<div>NORPLEX DIVISION</div> <div>UNIVERSAL OIL PRODUCTS CO.</div> <div>POSTVILLE, IOWA</div> <div>WATER THROUGH FACILITY</div>		
NO.	DATE	BY			
1					
2					
3			DRAWN BY	SCALE	MATERIAL
			T. LUND	1" = 200'	
4			CHK'D	DATE	DRAWING NO.
				10-18-74	007



Existing Plant Facilities



Scrap Resin Storage (empty barrels)

ID # D073489288
NORPLEX DIVISION, UOP INC.
POSTVILLE, IOWA

11.1.1980

IAD0734 89288

Norplex Div. UDP Inc.

3/4/82

Photographs

Two photographs were turned over to Pedco for their review.

W 14007348928821

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F003 23 - 26	2 F005 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U002 23 - 26	32 U031 23 - 26	33 U069 23 - 26	34 U154 23 - 26	35 U159 23 - 26	36 U220 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>George J. Stanyo</i>	NAME & OFFICIAL TITLE (type or print) GEORGE J. STANYO IND. REL. MANAGER	DATE SIGNED Aug 14, 1980
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